

Name
in
Full

Amelia Blair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

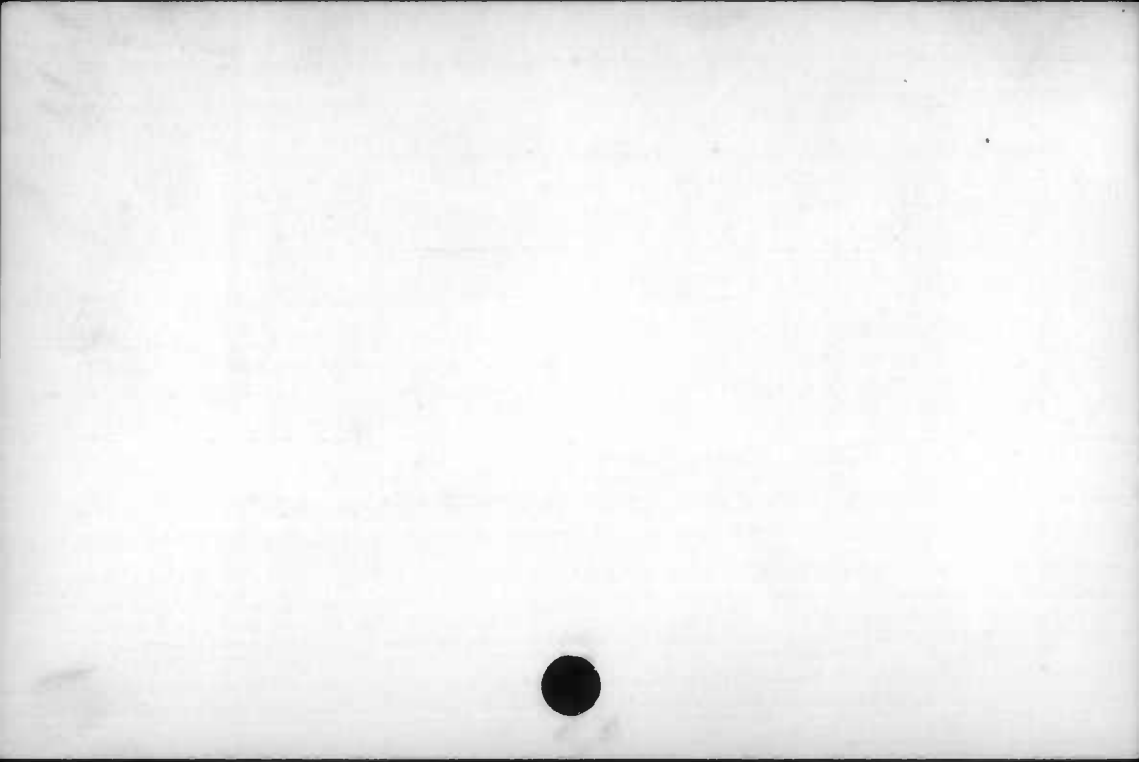
Died at ^{Town} Near Port Tobacco		^{County} Charles		MARYLAND	
Date of death 1940		Month April	Day 17 th	Age About 90	Years Months Days
Sex Female		Color or Race Colored		Birth-place Charles Co. Md.	
Occupation Domestic		Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband William Blair			
Father's Name Unknown		Father's Birthplace Unknown			
Mother's Maiden Name Unknown		Mother's Birthplace Unknown			
Name of person giving Information Edward Dyer		How related to deceased Grandson			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Old age + General debility	How long	_____
Immediate	Heart Failure	How long	_____
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John T. Digges M.D.	
		Address La Platte Md.	
Accident or Suicide? _____			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Brown
Town *Brown* County *Charles*
Died at *Hughesville*
Date of death *1990* Month *4* Day *25* Age *72* Months *-* Days *-*
Sex *male* Color or Race *Black* Birth-place *Maryland*
Occupation *Cobbler* Where Residing if not at place of death *Hughesville Md.*
Married, Single or Widowed *Married* Name of Wife or Husband *Amelia B. Brown*
Father's Name *Unknown* Father's Birthplace *Md.*
Mother's Maiden Name *Unknown* Mother's Birthplace *Md.*
Name of person giving Information *Albert Brown* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *12 hrs.*
Immediate *Heart failure* How long *Immediate*
Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Harry C. Chappell M.D.*
Address *Hughesville Maryland*
Accident or Suicide *-*



Name
in
Full

Rose Brown

CERTIFICATE OF DEATH

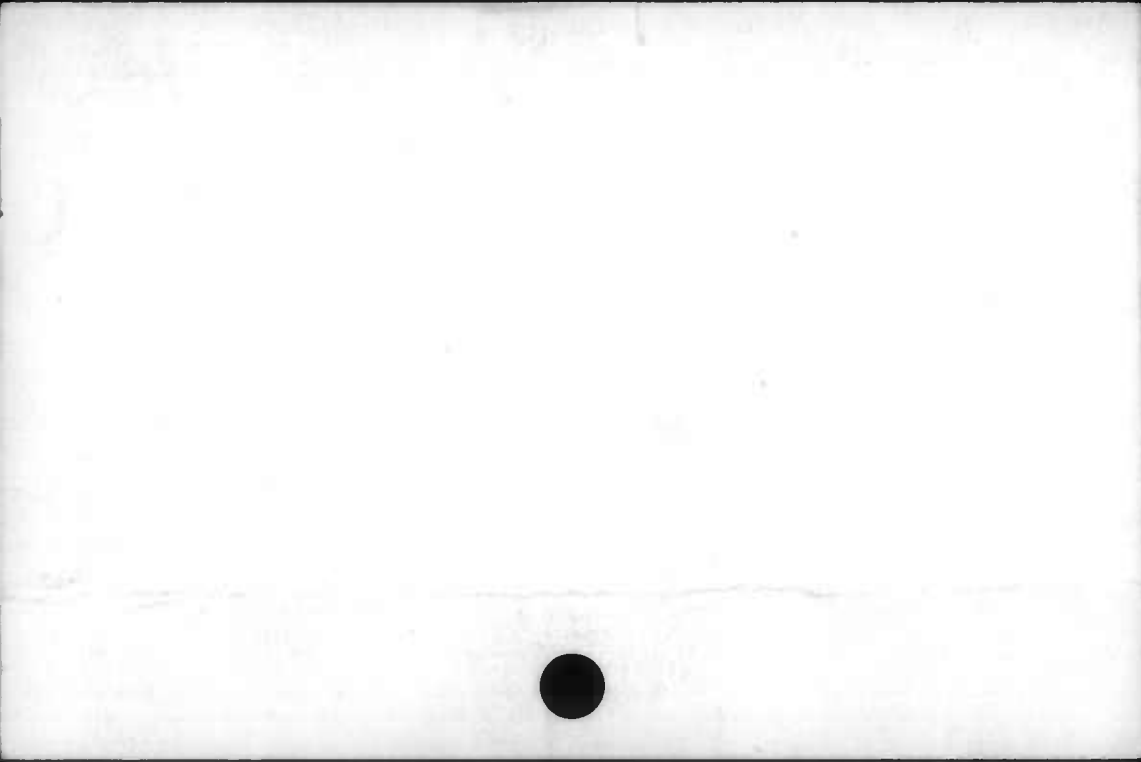
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nantuxemy</i>		County <i>Charles</i>		MARYLAND	
Date of death 19 <i>60</i>		Month <i>April</i>	Day <i>22</i>	Age <i>about 60</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>Mulatto</i>	Birth-place <i>Md</i>			
Occupation <i>Kept Brandy House</i>		Where Residing if not at place of death <i>lived in Washington</i>			
Married, Single <i>Widow</i>	Name of Wife <i>Robert R. Brown</i>				
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>Harriet A. Boyd</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving Information <i>H. H. Ross</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

Primary <i>Paralysis</i>	<i>66</i> How long <i>3 1/2 months</i>
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Samuel B. Speake</i>
	Address <i>Graytown Md.</i>
<i>Assistant or Suicide</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Francis Campbell</i>		Town <i>Wicomico</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Wicomico</i>		Month <i>Apr.</i>		Day <i>11</i>		Years <i>63</i>	
Date of death <i>1960</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Mo.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Wicomico, Mo.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Eliza Campbell</i>					
Father's Name <i>"Lies" Campbell</i>		Father's Birthplace <i>Mo.</i>					
Mother's Maiden Name <i>Jane [unclear]</i>		Mother's Birthplace <i>Mo.</i>					
Name of person giving information <i>Norman Campbell</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

976

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 yr. 4 mo</i>
Immediate <i>Respiratory Failure</i>	How long <i>15 minutes</i>
Are the name, age, sex, color, race and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. B. Jameson</i>
	Address <i>Newport, Mo.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

G Marshall Claggett

Town

County

MARYLAND

Died at

White Plains

Charles

Date

of death

1900

Month

4

Day

27

Age

Years

50

Months

Days

Sex

male

Color or
Rosa

white

Birth-
place

Pomoukey

Occupation

Farming

Where Residing if not
at place of death

at

Married, Single
or Widowed

married

Name of Wife or
Husband

Kate Claggett

Father's
Name

William H. Claggett

Father's
Birthplace

Pomoukey Md.

Mother's
Maiden Name

Caroline Hanson

Mother's
Birthplace

Colby Neck "

Name of person giving
Information

W. L. Dement

How related
to deceased

brother-in-law

CAUSES OF DEATH

Primary

How long

Immediate

drowning

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

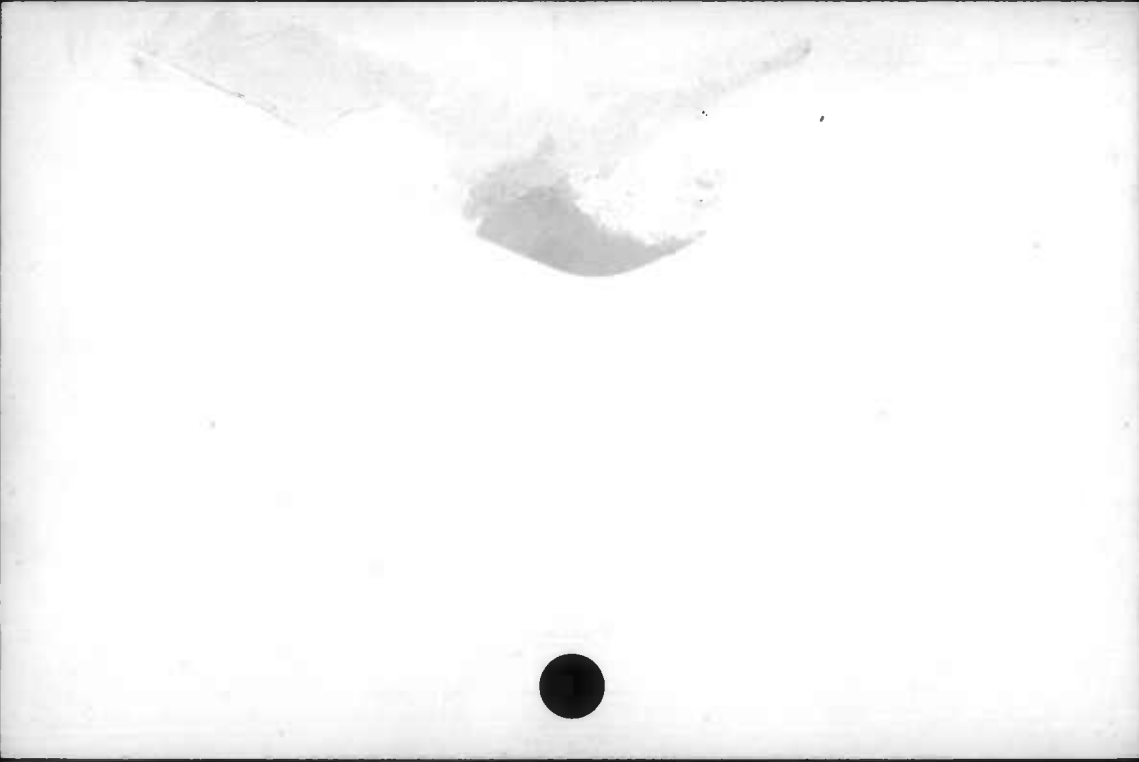
R. Hampton Cox
La Plala
Md.

Accident or Suicide

accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Laura Williams Dent

Town

County

MARYLAND

Died at

Falkner

Charles

Date

of death 190

Month

Apr

Day

19

Years

Age

55

Months

8

Days

Sex
Occupation

Female

Color or
Race

Caucasian

Birth-
place

New Orleans

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

George Dent

Father's
Name

Joseph H. Meddix

Father's
Birthplace

St Mary's Md

Mother's
Maiden Name

Laura E Williams

Mother's
Birthplace

Louisiana

Name of person giving
Information

George Dent

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

1 1/2 hours

Immediate

Coma

How long

15 minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. J. Lawrence
Bal Celwe

Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Kettie Dunbar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cedar Point Neck</i>		Town		<i>Chap</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>4</i>		Day <i>10</i>		Age <i>20</i>		Years	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Chap. Co. Md</i>		Months		Days	
Occupation <i>Housewife</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frederic Dunbar</i>							
Father's Name <i>Elias Marshall</i>		Father's Birthplace <i>Chap. Co. Md</i>							
Mother's Maiden Name <i>Emily Chase</i>		Mother's Birthplace							
Name of person giving Information <i>Wm Jordan</i>		How related to deceased <i>Uncle</i>							

CAUSES OF DEATH

70

PHYSICIAN
OR CORONER

Primary <i>Spasms</i>	How long <i>12 hrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None</i>
	Address <i>W. F. Mawner</i> <i>Sub Ry</i>
Accident or Suicide	

W. F. Browne
Sun Day

Name
in Full

CERTIFICATE OF DEATH

James Earl Fournet
Town County

MARYLAND

Died at Pomoxie, Delaware

Date of death 1980 April 18 Age 3

Sex Male Color or Race Colored

Birth-place Pomoxie, Del.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Henry Fournet

Father's Birthplace Pomoxie, Del.

Mother's Maiden Name Nellie Harris

Mother's Birthplace Pomoxie, Del.

Name of person giving Information Nellie Harris

How related to deceased Mother

CAUSES OF DEATH

Primary Whooping Cough

How long 6 weeks

Immediate Broncho-pneumonia 2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

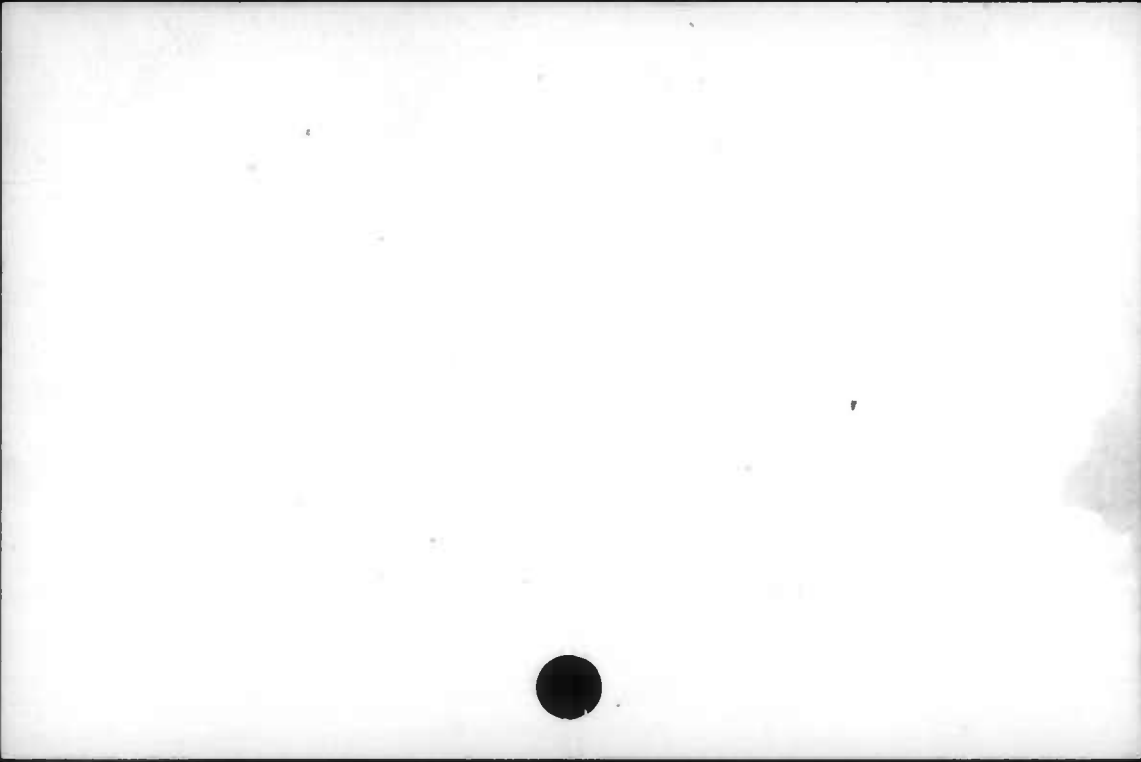
Address

J. W. Mitchell M.D.
Pomoxie, Del.

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Carroll Edison, Fuller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Indian Head

Town

County

Shoes

MARYLAND

Date

of death 1940 April

Month

Day

4

Age

Years

Months

Days

21

Sex

Male

Color or
Race

White

Birth-
place

Indian Head Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Perceval R. Fuller

Father's
Birthplace

Baltimore Md

Mother's
Maiden Name

Ida L. Bruce

Mother's
Birthplace

Lanham Md.

Name of person giving
Information

Perceval R. Fuller

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Exp. Bronchitis

How long

89

7 days -

How long

Immediate

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

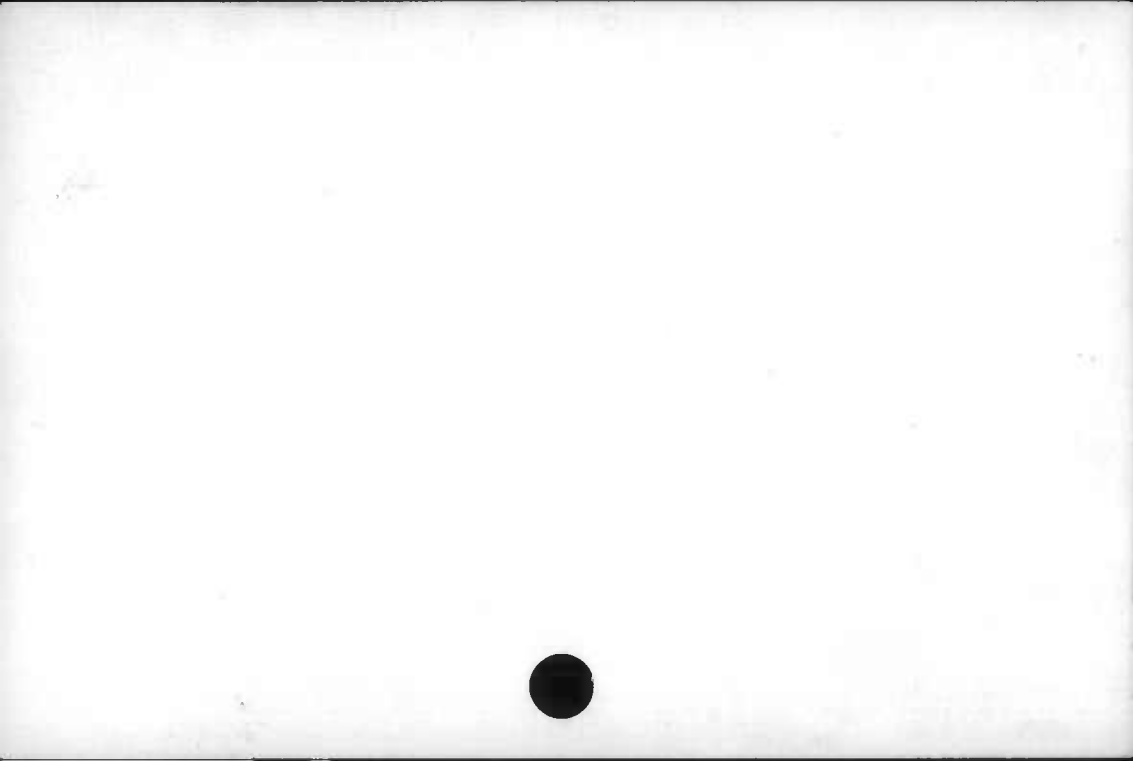
Address

J. W. Mitchell M.D.
Pomeroy Md.

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in Full

Henry Dalphon Jordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Charles

MARYLAND

Date

1910

Month

April

Day

26

Years

1

Months

4

Days

28

of death

190

Age

Sex

Male

Color or
Race

Negro

Birth-
place

Charles C. Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

George A. Jordan

Father's
Birthplace

Maryland

Mother's
Maiden Name

Belena Butler

Mother's
Birthplace

Maryland

Name of person giving
Information

Belena B. Jordan

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Bronchitis & broncho-pneumonia

How long

About two weeks

Immediate

Toxemia & exhaustion

How long

About two days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Reynolds Hayden

Address

Indian Head, Md.

Accident or Suicide

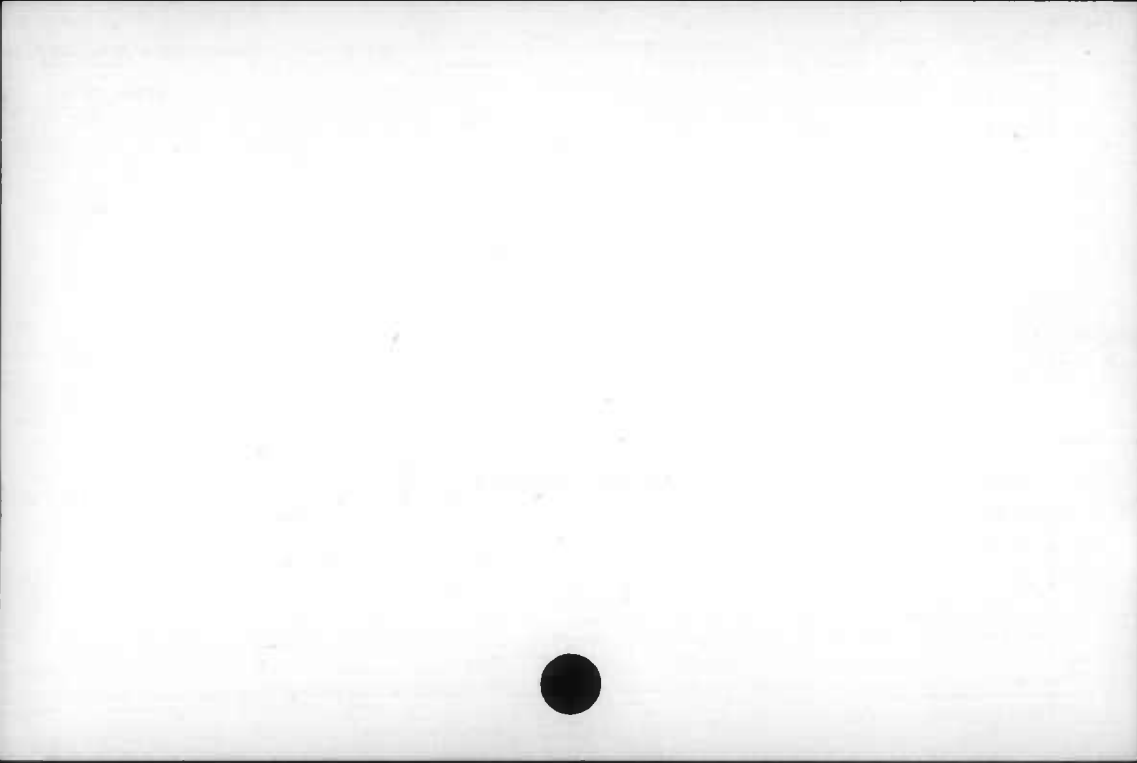
No

Naval Proving Ground

PHYSICIAN
OR CORONER



Name in Full		Town		County		STATE	
Not Named		Marshall		Charles		MARYLAND	
Died at		Berry P.O.		Age		Months	
Date of death		1900 Apr		Day 5		Years —	
Sex		Female		Color or Race		Colored	
Occupation		—		Birth-place		Md	
Where Residing if not at place of death		—		—		—	
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		Charlie Marshall		Father's Birthplace		Md	
Mother's Maiden Name		Ada Barber		Mother's Birthplace		Md	
Name of person giving information		Nannie M. Mills		How related to deceased		None	
CAUSES OF DEATH		Primary		Still Born		How long	
		Immediate		—		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		None In attendance	
Address		T. M. Winkerson		Sub Reg		Waldorf Md	
Accident or Suicide		—		—		—	



Name
in
Full

Francis Mattingly

CERTIFICATE OF DEATH

Died at Indian Head, Md. Charles,

MARYLAND

Date of death 1910 April 14 Age 9 Months 18 Days

Sex male Color or Race white Birthplace Indian Head, Md.

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Francis Eugene Mattingly Father's Birthplace Chas. Co. Md.

Mother's Maiden Name Sarah Elizabeth Farrall Mother's Birthplace Newtown, Md.

Name of person giving Information F. E. Mattingly How related to deceased Father

CAUSES OF DEATH

Primary Bronchitis & broncho-pneumonia How long 10 days

Immediate Toxemia How long 1/2 day

Are the name, age, sex, color, data and place correctly given above? Yes.

Signature of Physician Reynolds Hayden

Address Naval Proving Ground, Indian Head, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Eliza Milburn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	near La Plata			Charles			
	Date of death	1900	Month	April	Day	29 th	Age about 75
	Sex	Female	Color or Race	colored	Birth-place	Charles Co	
	Occupation	none		Where Residing if not at place of death			
	Married, Single or Widowed	married	Name of Wife or Husband				
	George Milburn						
Father's Name	Matthews Clark				Father's Birthplace		Charles Co
Mother's Maiden Name	Sarah Clark				Mother's Birthplace		Charles Co
Name of person giving information	Rory Milburn				How related to deceased		son
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">28</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis of Lungs				How long	don't know
	Immediate	Hemorrhage of Pulmonary				How long	died suddenly
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Thos. S. Owen M.D.		
				Address			La Plata
							md
Accident or Suicide?		no					

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Allan Morton
Town *Pennock* County *Chatham*

MARYLAND

Died at *Pennock* *Chatham*
Date of death 19*80* Month *Apr.* Day *8* Age *60* Months *4* Days *7*

Sex *Male* Color or Race *White* Birth-place *Arkansas*

Occupation *Salesman* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Geo. N. Morton* Father's Birthplace *Augusta, Ga.*

Mother's Maiden Name *Mary E. Townes* Mother's Birthplace *Virginia*

Name of person giving Information *John P. Thomas* How related to deceased *brother*

CAUSES OF DEATH

64

Primary *Cerebral Hemorrhage* How long *3 days*

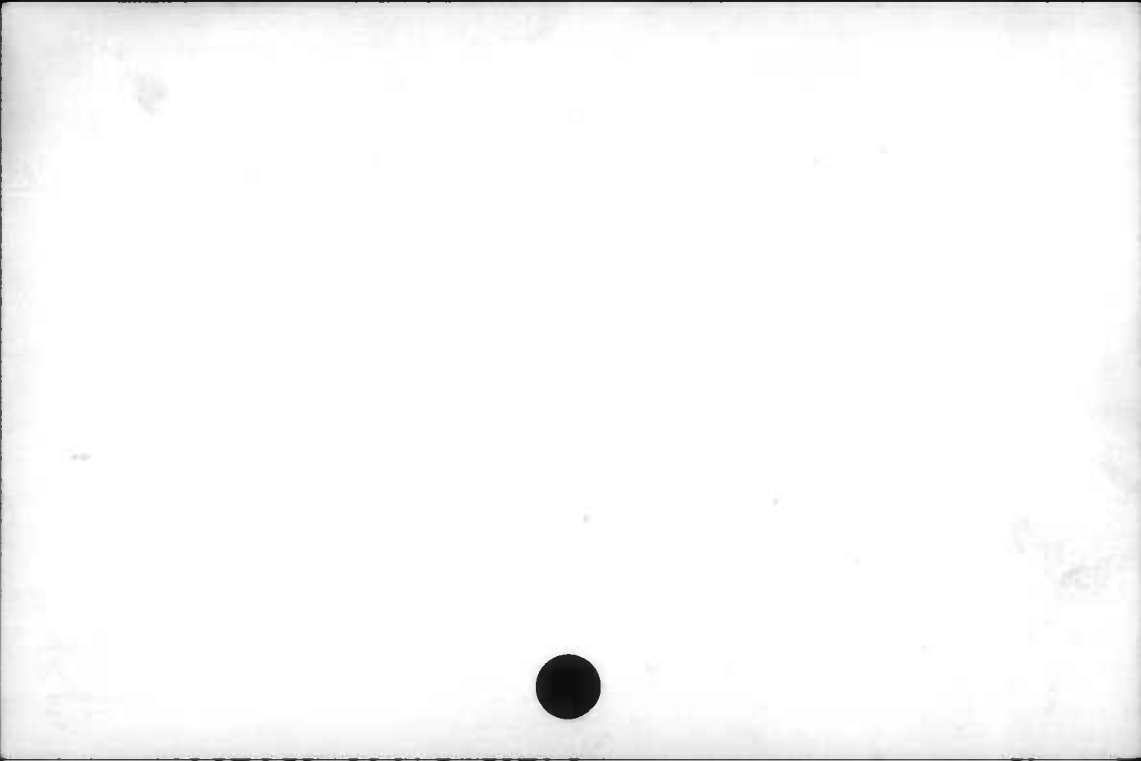
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. W. Mitchell M.D.*
Address *Pennock Ind.*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

Not Named

Mushett

CERTIFICATE OF DEATH

Died at ^{Town} Near Bolton P.O.^{County} Charles

MARYLAND

Date

of death

1960

Month

Apr

Day

10

Age

Years

—

Months

—

Days

—

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George Mushett

Father's
Birthplace

Md

Mother's
Meiden Neme

Lizzie Shorter

Mother's
Birthplace

Md

Name of person giving
Information

Aicy Shorter

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

None In attendance

Address

Thos M. Wieseman
Sub Reg Waldorf Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Henry Simpson Charlotte County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Win Wrennicks</i>		County <i>Charlotte</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
1900	April	30	70	-	
Sex	male	Color or Race	white	Birth-place	Charlotte Co. Md.
Occupation	Farmer		Where Residing if not at place of death Ryeville		
Married, Single or Widowed	Married	Name of Wife or Husband Bess Simpson			
Father's Name	Geo. Simpson			Father's Birthplace	Charlotte Co.
Mother's Maiden Name	Catherine Goode			Mother's Birthplace	Charlotte Co.
Name of person giving information	J. H. Simpson			How related to deceased	Son

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>		How long	<i>Four years</i>
Immediate	<i>Ext. Cause</i>		How long	<i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician <i>Sam J. Sutorius</i>	
			Address <i>Charlotte Hall, Md.</i>	
Accident or Suicide?		no		



Name
in
Full

Sandy A. Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brentland</u> ^{Town}		<u>Chas</u> ^{County}		MARYLAND	
Date of death <u>1960</u>	Month <u>4</u>	Day <u>5</u>	Age <u>—</u>	Months <u>15</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Chas. Co. Md</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>" " "</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>Lancy Warren</u>			Father's Birthplace <u>Chas. Co. Md</u>		
Mother's Maiden Name <u>Louisa Lee</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving Information <u>Lancy Warren</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of Glands</u>	How long <u>3 mo</u>
Immediate <u>Hemorrhage</u>	How long <u>10 min</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. J. Brauner Sub</u>
	Address <u>Mc Conchie</u>
Accident or Suicide <u>—</u>	

W. F. Browne
Twin Day

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Not Named Young ✓

Diad at ^{Town} Near Berry P.O. ^{County} Charles MARYLAND

Date of death 1900 ^{Month} Apr ^{Day} 21 Age ^{Years} — Months — Days

Sex Male Color or Race Colored Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single
or Widowed —Name of Wife or
Husband —Father's
Name

J. Wilson Young

Father's
Birthplace

Md

Mother's
Maiden Name

Mary E. Hagson

Mother's
Birthplace

Md

Name of person giving
Information

J. Wilson Young

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

None In attendance

Address

Thos. M. McKersow
Waldorf Md

Accident or Suicide

PHYSICIAN
OR CORONER

